

FILED SEP 12 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 1/2 hr.**  
(Specify whether  
In this community. **0**  
years, months or days)

3. (a) PRINT FULL NAME **INFANT BOWMAN**

3. (b) If veteran, **--** name war **--**  
3. (c) Social Security No. **--**

4. Sex **Male** 2/5. Color or race **N**  
6. (a) Single, widowed, married, **0** divorced **Single**  
6. (b) Name of husband or wife **--**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **August 9 1941**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 hr. 30 min.**

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

MOTHER FATHER { 12. Name **Elmer Bowman**  
13. Birthplace **Missouri** 0  
(City, town, or county) (State or foreign country)  
14. Maiden name **Helen**  
15. Birthplace **Mo.** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **8-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **General Hospital #2**

18. (a) Signature of funeral director **Wm. H. Crome**  
(b) Address **St. Louis, Mo.**

19. (a) **8/15/41** (b) **Wm. H. Crome**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 048  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2435 Highland**  
(If rural, give location)  
(e) Citizen of foreign country? **--** (Yes or No)  
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8-9-41** day  
year **--** hour **2** minute **35** p.m.

21. I hereby certify that I attended the deceased from **--** 19 **--** to **--** 19 **--**  
that I last saw him alive on **--** 19 **--**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to **15**  
Due to **15**

Other conditions **15**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **15**  
Of autopsy **15**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **--**  
(b) Date of occurrence **--**  
(c) Where did injury occur? **--** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **--**

(Specify type of place)  
While at work? **--** (a) Means of injury **--**  
23. Signature **J. O. Turner** (M. D. or other) **0**  
Address **St. Louis, Mo. 22** Date signed **8/12/41**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**